Taylor & Francis
Taylor & Francis Group

Disability and Rehabilitation

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/idre20

A positive behaviour support practice framework for disability and community services in Australia that prioritises human rights and evidence-based practices

Alinka Fisher, Kymberly Louise, Monika Dobek, Jo McRae, Maverick Clissold, Katrina Reschke, Russell Fox, Erin Leif, Maria Vassos, Jane Ellis, Katharine Annear, Sessina Figueiredo, Lee Cubis, Sau Chi Cheung, Matthew Spicer, Karen Nankervis, Keith McVilly & Rachel Freeman

To cite this article: Alinka Fisher, Kymberly Louise, Monika Dobek, Jo McRae, Maverick Clissold, Katrina Reschke, Russell Fox, Erin Leif, Maria Vassos, Jane Ellis, Katharine Annear, Sessina Figueiredo, Lee Cubis, Sau Chi Cheung, Matthew Spicer, Karen Nankervis, Keith McVilly & Rachel Freeman (17 Sep 2024): A positive behaviour support practice framework for disability and community services in Australia that prioritises human rights and evidence-based practices, Disability and Rehabilitation, DOI: 10.1080/09638288.2024.2402079

To link to this article: https://doi.org/10.1080/09638288.2024.2402079

Published online: 17 Sep 2024.

DISABILITY AND REHABILITATION
https://doi.org/10.1080/09638288.2024.2402079

Taylor & Francis
Taylor & Francis Group

PERSPECTIVES IN REHABILITATION

OPEN ACCESS Check for updates

A positive behaviour support practice framework for disability and community services in Australia that prioritises human rights and evidence-based practices

Alinka Fisher[a], Kymberly Louise[a], Monika Dobek[a], Jo McRae[a], Maverick Clissold[a], Katrina Reschke[a], Russell Fox[b], Erin Leif[b], Maria Vassos[c], Jane Ellis[a], Katharine Annear[a], Sessina Figueiredo[a], Lee Cubis[d], Sau Chi Cheung[e], Matthew Spicer[f], Karen Nankervis[c], Keith McVilly[g] and Rachel Freeman[h]

[a]Disability and Community Inclusion, College of Nursing and Health Sciences, Flinders University, Adelaide, SA, Australia; [b]School of Educational Psychology and Counselling, Faculty of Education, Monash University, Melbourne, VIC, Australia; [c]School of Education, The University of Queensland, Brisbane, Australia; [d]Summer Foundation Ltd, Melbourne, VIC, Australia; [e]FRONTIER, Brain and Mind Centre, The University of Sydney, Sydney, NSW, Australia; [f]The Centre of Positive Behaviour Support, Manly, Australia; [g]Disability and Inclusion, School of Social and Political Sciences, The University of Melbourne, Melbourne, Australia; [h]Institute on Community Integration, University of Minnesota, Minneapolis, MN, USA

ABSTRACT

Purpose: This paper introduces a practice framework for individualised positive behaviour support (PBS). The framework incorporates existing function-based PBS principles and integrates contemporary research and Australian legislation to frame practice elements through a human rights lens. It is designed to support people with disability of varied aetiologies across the lifespan in various settings (e.g. home, schools, and aged care).

Methods: Existing research and literature have been reviewed, including key theories and current formulations to inform a new practice framework that reflects recommendations for applications in community settings.

Results: The PBS Pathway (PBS-P) framework promotes culturally sensitive and socially valid strategies for empowering the person and their supporters *via* a clear practice framework. It emphasises evidence-based practices while acknowledging the need for flexibility to meet individual needs.

Conclusions: The PBS-P framework offers a pragmatic approach and focused lens for critical thinking and reflective applications within PBS. It promotes a universal approach across the lifespan and service settings, contributing to a shared understanding of PBS as a rights-based practice. The framework's alignment with current legislation supports adoption within existing systems; however, successful implementation requires skilled practitioners, adequate funding, and policies to support knowledge translation.

IMPLICATIONS FOR REHABILITATION

- The positive behaviour support pathway framework guides individualised practices for people across the lifespan and service settings, with emphasis on data-based decision making to inform socially and culturally valid intervention planning.
- The framework aligns with current legislation and addresses current concerns relating to poor behaviour support practices and urgent recommendations for practices that protect and promote human rights.

ARTICLE HISTORY
Received 25 June 2024
Revised 2 September 2024
Accepted 4 September 2024

KEYWORDS
Positive behaviour support; human rights; disability; model; policy; implementation

Introduction

Behaviour support is a critical area of service provision for many people with disability, with challenging behaviours commonly reported for people with intellectual disability [1], autistic people [2], those with acquired brain injury [3] and dementia [4]. Challenging behaviours include but are not limited to physical or verbal aggression, self-injury, property destruction, withdrawal, reduced initiation and social and sexualised behaviours that negatively impact a person's quality of life and present a risk of harm to self or others. These behaviours have been reported to have detrimental implications for the person (e.g. resulting in exclusion, isolation and limited community participation), as well as for family members and support providers [4–8].

One widely recommended approach to addressing challenging behaviours is positive behaviour support (PBS), which seeks to address underlying causes of challenging behaviour with a focus on improving a person's quality of life [9–11]. Similar to other juristictions, Australian legislation in both disability [12] and aged care [13,14] requires the development of individualised behaviour support plans for those subjected to regulated restricted practices (e.g. physical or chemical restraints used to influence a person's behaviour), and the National Disability Insurance Scheme (NDIS) explicitly funds the development of PBS plans to fulfil these requirements.

PBS incorporates knowledge and principles of behaviour analysis with an emphasis on values-driven, culturally responsive, and person-centred practices and can include a range of therapies,

CONTACT Alinka Fisher Alinka.Fisher@flinders.edu.au Disability and Community Inclusion, College of Nursing and Health Sciences, Flinders University, Adelaide, South Australia.

techniques and strategies tailored to a person's support needs [9,11,15].

Since its beginnings in the 1980s and starting with the use of terms such as positive programming and non-aversive strategies [9,16,17], PBS has maintained relevance by aligning with contemporary disability practices. PBS emphasises human rights principles (e.g. promoting a person's right to exercise equality and experience social justice, inclusion, autonomy, and agency; UNCRPD, 2006) and systems-wide approaches that prioritise improving environments (e.g. establishing adequate environments responsive to a person's needs and preferences) rather than changing the person [10,18,19].

In Australia however, there are concerns about whether the underlying philosophy of PBS to actualise a person's human rights is translating to policy and implementation. Evidence suggests poor quality applications of PBS [20,21] and a lack of clarity regarding practice models within the current service system [22,23]. The recent Royal Commissions in Disability [24] and Aged Care [25] have also reported abuse and neglect, and the over-reliance on restrictive practices that directly infringe upon a person's fundamental rights (i.e., freedom of movement, liberty and security, and community inclusion; Articles 3, 14 and 19, UNCRPD). Furthermore, the independent review into the NDIS [26], has called for service reform, and the need for systems-wide behaviour support practices that uphold human rights.

To address practice concerns and promote PBS practices explicitly aligned with a human rights-based approach, this paper proposes the PBS Pathway (PBS-P) framework for disability and community settings. The core features of PBS are introduced along with contemporary models for implementation within the context of practice concerns, legislated requirements, and recommendations for articulating the PBS process in a manner that remains true to the scientific roots of PBS. This paper aims to clarify the philosophical intent and core values guiding the PBS Pathway framework in ways that are responsive to current perspectives and priorities to drive real world change and systems improvements.

The proposed PBS-P framework draws from relevant literature and legislation, and the authors' combined (and sometimes overlapping) expertise and experience in PBS practice, policy and research in healthcare, disability (both developmental in origin and acquired) and aged care. Contributors include those with lived experience (an autistic person with experience of PBS; a legal guardian of a man with brain injury who has a PBS plan; people, parents, siblings and offspring of those with disability), researchers and PBS service managers, practitioners and clinicians, in addition to researchers and academic scholars, including a disabled scholar with expertise in PBS, disability discourse, and human rights.

PBS practice frameworks and models

There are a number of existing PBS models, as well as conceptual accounts and definitions of PBS, which guide behaviour support implementation across various settings. These include tiered PBS frameworks such as Positive Behavioural Interventions and Supports (PBIS; pbis.org.au) and School-Wide PBS [27,28], which are informed by a public health approach that establishes universal supports (Tier I; that benefit everyone) before implementing more targeted (Tier II) and specialist (Tier III) interventions where needed. Tiered frameworks have been applied in schools and adapted to other settings such as juvenile justice (e.g. 29,30] and early childhood settings [a Program-Wide model of PBS, 31,32] with growing adaptations appearing in disability and community service settings [10,18,33–35].

Specialist and individualised PBS practice frameworks, models and approaches (akin to PBS Tier III supports) include those such as the Multi-Element Behaviour Support (MEBS) model (ABA; 36], the Multi-modal Function Model [37]; the Prevent, Teach, Reinforce approach [38] and the Competing Behaviour Pathway (CBP) model outlined by [39]. These models and approaches all align with core PBS principles [10,11,40]; They use behaviour analysis to provide a functional and contextual understanding of behaviour to inform data-driven and person-centred intervention plans. There are, however, variations in practice components. For example, some have focused on teaching the person functionally equivalent replacement (or 'alternative') behaviours [38,39], while the MEBS model [36] places more emphasis on the provision of function-based non-aversive reactive strategies to behaviours that currently exist in the person's repertoire (e.g. early indicators of challenging behaviours). In other approaches, reactive strategies (or 'situational management'), may more explicitly relate to risk assessment and management, which sit as separate from the PBS intervention plan that address proactive and preventative strategies informed by functional behaviour assessment and formulation (e.g. 39] and crisis management strategies such as restraint are considered part of a separate planning process.

To provide clarity and as important context for the practice framework proposed in this paper, the authors posit PBS as an approach that broadly focuses on understanding and addressing causal factors of challenging behaviours within the environment and larger systems, as opposed to prioritising behaviour change *only* at the level of the individual. PBS integrates the science of behaviour analysis with theoretical assumptions and research findings from the field of prevention and implementation science, social-ecological systems theory, and disability studies [9,11,41] and incorporates consideration of the bio-psycho-social model of disability [42]. This integration allows PBS to not only focus on the immediate challenging behaviours but also to address the broader systemic and environmental factors that contribute to these behaviours (e.g. poorly trained or supported staff, inaccessible or inappropriate environments). It incorporates strategies to pre-emptively reduce the risks associated with challenging behaviour (prevention science) and adopts methods to effectively apply and sustain interventions in real-world settings (implementation science). It also acknowledges the complex interplay between people and their environments (social-ecological systems theory, bio-psycho-social model), emphasising the need for supportive and inclusive community structures. Finally, research findings from the field of disability studies offer insights into the socio-cultural dimensions of disability, advocating for an approach that respects the person's rights, dignitiy and culture, and prioritises lived experiences.

Human rights and PBS

Human rights principles prioritise a person's right to live an optimal life based on self-determined decision making, with equal worth and dignity, and includes a person's rights to access, opportunity, and citizenship. The United Nations Convention on the Rights of Persons with Disability (UNCRPD) is an international treaty that seeks to protect and uphold these rights for people living with disability, including the rights to access the supports needed for an equal life (Article 5). The UNCRPD also safeguards liberty, freedom from ill-treatment and exploitation, respect for privacy (Articles 14, 15, 16 and 17), and fundamental rights that restrictive practices often violate such as freedom of movement and community inclusion (Articles, 3, 14 and 19).

While PBS aligns conceptually with a human rights paradigm [10,19,43], there is growing concern that human rights are not always reflected in PBS practice [22,44]. Furthermore, it could be argued that human rights principles are not always articulated in PBS practice models and guidelines. There is also a growing awareness that inattention to the language used in research, training, and support create barriers to the effective implementation of PBS [45,46]. As authors, we encounter language in current literature and training materials that refer to "the problem of autism" and teaching "chronologically age-appropriate skills". Challenging behaviours are also often referred to as "tantrums", "meltdowns" or "skill deficits", with compliance identified as a desired outcome of behaviour support plans (i.e., that prioritise the acquisition of "desired behaviours" according to the expectations of others). This subjective language perpetuates ableism, and contradicts human rights and neurodiversity-affirming practice, which respect a person's will and preferences, values and culture, and embraces and promotes human diversity. Indeed, core to neurodiversity-affirming and rights-based practices is a focus on supports, and adjustments and building upon a person's strengths and unique neurological processing style to support life improvement (aligned with their values and preferences) rather than changing (or 'fixing') a person to meet the expectations of others [47,48]. Potential end users of PBS also express concern over what seems to be a misalignment between PBS as it is currently articulated and the human rights and neurodiversity-affirming paradigms [49].

The PBS Pathway (PBS-P) practice framework proposed below, aims to bridge this gap by embedding human rights as 'guiding principles' – moving beyond describing these as an underpinning philosophical value, but instead principles that 'guide' each PBS practice element. It provides clarity regarding the emphasis on behavioural science and values in contemporary PBS, while expanding its application across the lifespan and diverse contexts and settings, underscored by human rights principles.

Importantly, the PBS-P framework does not redefine established principles or abandon core theoretical roots, but ensures their application aligns with contemporary research, disability practice and discourse, and human rights principles. Consistent with the equity-centred schoolwide PBIS approach [50], it intentionally uses the framework to promote equitable outcomes for people with disability and draws evidence from fields beyond behaviour analysis, including cultural responsiveness. In addition to neurodiversity-affirming practices, culturally responsive PBS promotes equity with the incorporation of cultural competencies as part of contextual fit [51]. As reported by McIntosh, from a behavioural perspective, 'systems produce the outcomes they were designed to produce' (p.7), and thus, without specific attention and change to improve equity and marginalisation, the person will continue to be excluded from accessing their basic human rights.

The PBS-P framework also promotes developmentally informed and neurodiversity-affirming practices and personally meaningful goals and aims to clarify language and encourage reflection and growth within the field. As posited by [52], "flexibility and openness is required as the field expands application of PBS across increasingly diverse real-world contexts" and "while to some within the behavioural perspective, this pushing of the boundaries and openness to other perspectives may seem a bit unsettling, to others it represents a natural evolution of practice" (p.24).

PBS pathway (PBS-P) practice framework

The PBS-P is proposed as a practice framework for specialist/individualised PBS interventions, akin to Tier III supports of the PBS Disability and Community Service (PBS-DCS) model [18]. We will first introduce the theoretical foundation of the framework, followed by practice recommendations that illustrate how existing PBS practice elements interact and are explicitly guided by a rights-based approach.

Guiding principles: human rights, systems change and evidence-informed practice

The PBS-P framework emphasises three core principles that guide all practice elements and are essential to supporting quality-of-life improvements: (1) rights-based practice; (2) systems change; and (3) evidence-informed practice (see Figure 1). These principles are briefly introduced below and then explicitly linked to each of the practice components detailed below.

Human rights ('rights'), values, equity and outcomes

Firstly, PBS practice is driven by rights-based practice, recognising that quality-of-life improvements are fundamental to PBS and that upholding a person's human rights is both an ethical and a legal requirement [53]. The PBS-P framework equips practitioners to understand and articulate the nuances of person-centred PBS practice elements in the context of a rights-based approach. For example, a person's right to a good life and to make decisions about their life necessitates learning about what constitutes a good life for them, and ensuring their values and preferences are prioritised from the very beginning of PBS process. The overarching principle of 'rights-based practice' adopted by the PBS-P framework encompasses the principles of 'values' and 'equity' and 'outcomes' that are meaningful to the person. Akin to an equity-centred PBIS approach [50], these valued outcomes enable supports and systems to be co-created instead being developed on behalf of those without voice and agency [50]. Furthermore, the PBS-P framework promotes culturally responsive practices, acknowledging that people from diverse backgrounds may have different behavioural expectations and communication styles. Intervention planning is therefore tailored to the person's unique cultural context and avoids imposing dominant cultural norms, ensuring that the person has the opportunity to thrive within their own cultural framework.

Figure 1. PBS-P guiding principles.

Systems change ('systems')

Secondly, rights-based PBS practices emphasise systems improvements (including what is sometimes referred to as 'building capable environments'), acknowledging a person's rights to access, equity, and inclusion - and to the supports they need to access these rights and live an equitable and fulfilling life. Drawing from the social model of disability, the PBS-P framework recognises that challenges faced by people living with disability may stem from systems barriers (e.g. relating to access and equity) rather than 'deficits' within the person; Therefore, problems with systems at the individual level are identified that are creating barriers to access, equity and inclusion or intervention implementation are considered potential causal or maintaining factors for challenging behaviours [54].

Evidence-informed practice ('evidence')

PBS practice is also evidence-informed. It is built on the strong evidence-base of behaviour and biomedical science [9,55], and also provides a framework for collecting and analysing primary evidence about a person, their preferences and goals, and their unique circumstances to inform person-centred and data-driven decision making [56]. Additionally, the PBS-P framework facilitates the incorporation of other evidence-based approaches (e.g. therapies, techniques and strategies) that research has demonstrated to be beneficial or that data-driven decision-making has determined to be the best fit for the person [40,52].

Stakeholder engagement, critical thinking and reflective practice

The primary stakeholder in PBS is the person receiving support, and within a rights-based practice framework, this person must be included throughout in PBS planning in a way that suits their communication style, capacity, and preferences. The PBS-P acknowledges lived experience and prioritises the person's involvement and engagement, with their values, preferences and priorities serving as primary evidence that drives PBS planning. This person-centred approach relies upon therapeutic rapport and effective working relationships between the person and their behaviour support team, and a process that prioritises the person's active participation in decision making (e.g. considering consent, assent and supported decision making). This respects a person's right to make decisions about their life and their right to access decision-making support free of coercion (Article 12, UNCRPD). In PBS, this right is denied when a person's autonomous decision-making is removed, substituted for, and made in their 'best interest' with the assumption that they cannot make 'good' decisions about their own life [57,58]. Supported decision-making has been developed as an alternative to traditional guiardianship models, which have been criticised for being paternalistic, and involves legal mechanisms that recognise that recognise and enhance a person's decision-making capacity [59]. The topic of assent and supporting a person's decision-making in PBS warrants further targeted research beyond the scope of this paper. Readers are also directed to the work of (60) that summarises approaches that can be used to engage people with intellectual disability to engage in PBS planning.

To translate the guiding principles into practice, the PBS-P framework also encourages critical thinking and reflective practices, which are positioned alongside 'stakeholder engagement' in Figure 1. Critical thinking enables practitioners to analyse data, consider evidence and make informed decisions [61]. For each practice element, this might involve considering its purpose, alignment with the person's values and preferences, and the supporting evidence. Reflective practice encourages continuous learning, adaption, and modification of practice [62] to ensure ongoing alignment with the person's support needs. For example, this involves consideration of what is working well, what needs to change, and how the approach might be improved for the future.

PBS-P practice elements

The PBS-P framework draws on structural elements of the Competing Behaviour Pathway model (CBP; 38], particularly its visual elements that bring specific attention to function-based planning (i.e., the link between functional behavioural assessment and the function-based intervention plan). This ensures targeted and person-centred strategies that address environmental reasons for challenging behaviour as an intrinsic component of a proactive approach. The framework also guides the 'pathway' from early risk appraisal and responsive supports that address immediate needs, to the prioritisation of target behaviours which are the focus of targeted intervention planning, including assessment, goal setting and tailored supports and strategies. The 'pathway' format was also adopted for the PBS-P framework to support knowledge/skill growth through a visual framework.

Despite drawing on its visual structure, the PBS-P framework has important differences to the CBP model. For instance, it has been developed for disability and community service settings at the individual level, to support practice across settings (e.g. home, school, and aged care) regardless of disability or age, rather than a specific focus on school-based settings. This universal application of PBS principles acknowledges the scientific and philosophical roots of PBS [9], which incorporate person-centred formulation and behaviour analysis to account for these variables. This informs a contextual understanding of behaviour unique to a person's circumstances, which then directs socially and culturally valid assessment and intervention planning through a rights-based lens.

Additionally, while designed as a framework to guide comprehensive PBS intervention, the visual and interactive PBS-P framework also lends itself to short-term problem-solving and flexible application of PBS principles when needed. For example, when considering people with progressive diseases (e.g. dementia) that may require immediate short-term solutions given imminent end-of-life concerns, where the time and resources required to carry out comprehensive PBS planning may not be feasible [63,64]. As evidenced in a recent PBS training pilot in dementia support in residential aged care facilities [65], the PBS-P framework may be useful as a mapping tool to consider key practice principles and elements to prompt critical and compassionate discussion around contextual understanding of behaviour to inform function-based problem solving and practice improvements.

The intention of the PBS-P framework to support flexible practice should not be mistaken for a diluted practice model that enables novice practitioners (i.e., those without formal training/qualifications or limited practice-based experience). The application of principles across settings should be guided by policies and procedures that support best practices and data-based decision making informed by unique circumstances and implementation barriers (e.g. time and resource constraints). Consistent with the PBS-Disability and Community Service (PBS-DCS) model [18], the principles of social validity (ensuring interventions are meaningful and acceptable to the person) and fidelity (adherence to core PBS principles) are central to specialist support. However, the emphasis on flexibility acknowledges the need for providers to consider best practice principles in the context of a person's changing circumstances across the lifespan and incorporating best available data across multiple service settings and from diverse stakeholders.

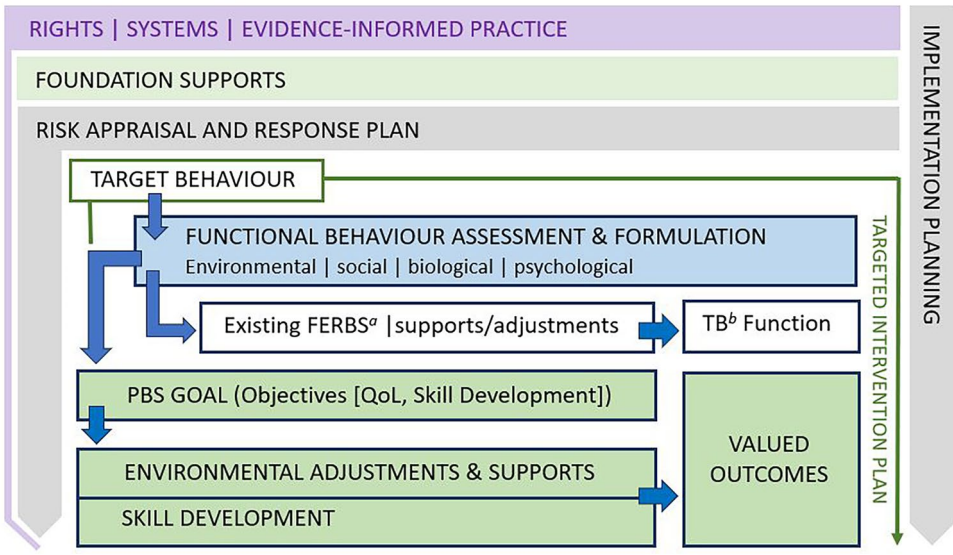

Figure 2. The PBS pathway (PBS-P) practice framework.
[a]Functionally equivalent replacement behaviours
[b]Target Behaviour (i.e., behaivour that has been prioritised as the focus of assessment and intervention)

Building upon 'foundation supports'

'Foundation supports', illustrated on the second uppermost line of the PBS-P framework (Figure 2), emphasises the importance of prioritising core supports before implementing specialist interventions. 'Foundation Supports' align with Tier I and Tier II supports outlined in the PBS-Disability and Community Service (PBS-DCS) model, including the provision of a stable, predictable and safe living environment with meaningful activities, active support, and relevant interventions and supports targeted to the needs of the person [18].

While not a primary focus of the PBS-P framework, the inclusion of 'Foundation Supports' serves as a prompt for practitioners, as they may identify situations where these foundational supports are missing (e.g. being treated respectfully). In such cases, the practitioner can advocate for and provide referrals for their implementation to ensure protection of the person's basic human rights (see Table 1). Furthermore, Foundation Supports may be considered during risk assessment and management (e.g. the recommendation to cease non-preferred activities causing distress for the person or to include meaningful activities where community engagement had been restricted due to challenging behaviours).

Table 1. Foundation supports and guiding principles.

Human rights	Support a person's right to access, opportunity and participation, including the right to access the supports needed to actualise these rights; And the right to live life free from cruel, inhuman or degrading treatment
Systems change	Focuses on building capable environments (e.g. skilled staff and active supports) as a systems responsibility, where naturally reinforcing activities and relationships are not contingent on the person's behaviour.
Evidence-informed practice	Guided by the person's immediate support needs and reflect their values and preferences.

Table 2. Risk management and guiding principles.

Human rights	Prioritises the person's safety while respecting their inherent dignity to exercise considered risk.
Systems change	Considers changes in support needs, staffing, and training to accommodate the person's rights and preferences.
Evidence-informed practice	Informed by risk appraisal and evidence about current strategies, including their effectiveness and associated risks.

Risk appraisal and response plan

'Risk Appraisal and Response Plan' is positioned directly beneath 'Foundation Supports' in the PBS-P framework (Figure 2). While risk appraisal is not part of the targeted 'PBS Plan', which is focused on proactive and preventative strategies, it is recognised as a crucial element within individualised behaviour support planning. This involves assessment of any actual or potential risk of harm to the person or others associated with the challenging behaviours and results in a response plan that ensure safety. Using a rights-based approach that assesses risk to safety and/or poor quality of life outcomes upholds the person's dignity while minimising the potential for harm (e.g. balancing what is important to a person with what others perceive is important for them [i.e., duty of care]; see Table 2). The rights of the person must also be considered alongside the rights of other stakeholders., for example in protecting the staff members right to safety whilst balancing the person's right to freedom.

Risk appraisal and response planning also involves reviewing current behaviour support strategies and determining their effectiveness in the context of a person's rights and associated risks. To illustrate further in Australia, legislation protects those subjected to regulated restrictive practices (e.g. physical and chemical restraint, seclusion) as a response to challenging behaviour, which can directly infringe upon a person's human rights [12]. Where recommended, and only as a last resort, restrictive practices belong in the response plan addressing risk (including a detailed protocol for its use), not the targeted PBS intervention plan.

Implementation planning

'Implementation planning' is illustrated as an arrow down the right-hand-side of the PBS-P framework, alongside Foundation Supports, Risk Appraisal and Response Plan and the Targeted Intervention Plan. This refers to the implementation of supports and strategies, which does not occur after comprehensive

Table 3. Implementation planning and guiding principles.

Human rights	Considered early following engagement to ensure responsiveness to the person's support needs.
Systems change	Includes clear roles and responsibilities across support systems to support accountability, with emphasis on improving systems, not changing the person.
Evidence-informed practice	Strategies are informed by data-based decision making, and plans are monitored and modified over the longer-term to ensure they continue to meet the person's changing support needs.

Table 4. Targeted intervention plan and guiding principles.

Human rights	Helps the person to actualise their rights, including their right to make decisions about their life and the supports they receive.
Systems change	Prioritises building a capable environment around the person to support a fulfilling life.
Evidence-informed practice	Is informed by comprehensive assessment and formulation and reflect the person's priorities, values, strengths, needs and preferences to ensure strategies are socially and culturally valid.

assessment and formulation but needs to be considered and planned for from the beginning of the process. This may include, for example, the implementation of foundational supports identified as missing during early engagement or strategies to ensure the balance of what is important to and for a person. Implementation planning requires clarity with regard to what strategies are needed, who will implement/who is responsible, and how implementation fidelity will be monitored [66]. As a simple rule, an implementation plan should include all supports and strategies developed to support effective implementation within the relevant contexts. This include details about the required training and support (e.g. for staff and family members) to ensure strategies are implemented as intended and reduce the risk of a 'set and forget' approach to plan development [63,64].

As defined by the PBS-P framework, implementation planning also encapsulates the processes of tracking progress and monitoring outcomes, including if the proposed supports and strategies are being implemented as intended (intervention fidelity). This is required for data-informed decisions about if and how the intervention and PBS planning need to be modified to continue to meet the person's support needs (see Table 3).

Target behaviour

The specific challenging behaviour/s that have been targeted for intervention are referred to as 'target behaviours'. These are prioritised during early engagement with the person and stakeholders and are informed by risk appraisal, to ensure targeted intervention plans are best placed to achieve valued outcomes for the person. This process is illustrated by 'Target Behaviour' in Figure 2, with arrows indicating its relationships with risk appraisal, and to targeted assessment and intervention planning, where it becomes the specific focus.

Targeted intervention plan

The 'Targeted Intervention Plan', sometimes referred to as the individualised 'PBS plan', forms the central components of the PBS-P framework (located below 'Risk Appraisal and Response Plan' in Figure 2). The Targeted Intervention Plan is explicitly informed by the functional behaviour assessment (FBA) and holistic formulation (see section below). It is referred to as an 'intervention' rather than a 'support plan' to reflect the need for specialist and targeted strategies, and it is important to differentiate this process from foundational 'supports' and minimal expectations. The targeted intervention plan outlines data-driven, proactive, and preventative strategies that address the underlying causes of the target behaviour, which helps the person to actualise their rights (see Table 4). Each practice element contributing to individualised PBS planning and the development of the Targeted Intervention Plan, according to the PBS-P framework, is summarised briefly below.

The PBS-P framework does not prescribe a specific template for the Targeted Intervention Plan. Instead, it prioritises building competence across different practice elements and encourages developing and presenting the plan in the most accessible manner possible. This requires consideration of the communication methods and preferences of all stakeholders involved, and working with stakeholders to ensure the plan is presented in the most useful and actionable way for meeting the person's unique support needs. This may include documents in Easy Read or Easy English or the creation of videos demonstrating key strategies.

Functional behaviour assessment and formulation

The Targeted Intervention Plan is informed by comprehensive 'Functional Behaviour Assessment and Formulation' (see Figure 2). These initial processes are critical in determining the factors influencing and maintaining the challenging behaviour to then direct effective intervention.

A functional behaviour assessment utilises various behaviour analytic techniques to examine the relationship between the person and their environment and to determine the specific function of the target behaviour [e.g. to access or avoid/escape specific situations and stimuli; 67,68]. This functional understanding of behaviour is then placed in the broader context of the person's life and circumstances and is informed by a deep understanding of their rights, unique experiences and broader life circumstances and intersectionalities (e.g. culture, disability, history, experiences, relationships, and support systems; see Table 5). This holistic formulation is supported by the 4P formulation framework [69], which considers *predisposing*, *precipitating*, and *perpetuating* factors of target behaviour across biological, psychological, environmental and social domains. The 4P model also identifies *protective* factors (i.e., that the person can rely on/that will promote success) across these domains to inform strengths-based and values-driven intervention plans that are socially and culturally valid.

The holistic approach to formulation encourages practitioners to look beyond the person to their environment and circumstances to understand their behaviour, and to direct intervention that addresses causal and maintaining factors within those environments. For example, a targeted intervention plan might address relevant predisposing factors that make the person vulnerable to this challenging situation in the first place (e.g. limited opportunities, communication barriers with the support team, or high turnover of support staff) as part of a preventative and rights-based approach. The PBS-P framework illustrates this with an arrow linking holistic formulation directly to 'PBS goals' and 'Environmental adjustments and supports'.

Functionally equivalent replacement behaviours (FERBs)

An early priority in PBS planning, following the functional behaviour assessment, is ensuring supports are in place for the

Table 5. Functional behaviour assessment and formulation and guiding principles.

Human rights	Is informed by a deep understanding of the person's rights (explaining behaviour in the context of these rights).
Systems change	Considers causal and maintaining factors in the environment and across systems, and supports collaborative information sharing.
Evidence-informed practice	Learns about the person, their behaviours and environments to inform holistic formulation to direct function-based plans aligned with persons values.

Table 6. FERBs and guiding principles.

Human rights	A focus on *existing* FERBS upholds the persons right to have immediate needs met and supports access to preferred activities and environments.
Systems change	*Existing* FERBs bridge the gap until underling reasons for the target behaviour are addressed within the environment. They prioritise systems adjustments over skill development for the person.
Evidence-informed practice	Informed by functional behaviour assessment and reflect the person's priorities and values, with any *new* FERBs explicitly linked to the person's PBS goals.

Table 7. PBS goals and guiding principles.

Human rights	Are based on the person's values and promote quality of life improvements by focusing on what's important and meaningful to them.
Systems change	Aim for increased choice, participation, access, and autonomy for the person, achieved through a focus on environmental and systemic improvements.
Evidence-informed practice	Are informed by comprehensive assessment and formulation and aligned with the person's values. The plan and objectives are monitored and modified over the longer-term to continue to meet the person's support needs and preferences.

person to achieve the same function served by the target behaviour without needing to resort to this challenging behaviour for this purpose. Simply, the target behaviour serves an important purpose for the person, and we need to support more efficient and effective ways for them to achieve this purpose. This involves identifying and responding appropriately to (reinforcing) FERBs that already exist in the person's repertoire (where possible). The PBS-P framework (Figure 2) refers to these as "*existing* FERBs".

Existing FERBS may include current behaviours that effectively communicate needs without risk of harm (e.g. saying "no") or early indicators/warning signs (e.g. frowning or pacing), which indicate that the person needs something to change. The key emphasis here is to identify these existing behaviours/skills and to prioritise teaching all stakeholders (e.g. family members and support staff) to respond appropriately when a person is communicating what they need or want to others rather than focusing on teaching the person new skills. The PBS-P framework (Figure 2) emphasises this with reference to 'supports/adjustments'. The required adjustments and responses to these existing FERBS, align with the intention of 'function-based non aversive reactive strategies' [36,70], ensuring immediate, responsive and proactive supports in challenging situations before the target behaviour occurs.

If new functionally equivalent skills for the person (i.e., new FERBs; e.g. learning to communicate "no") are targeted for intervention, these are included as specific 'skill development' objectives (see Figure 2 and 'skill development' section below). These FERBS may not be relevant if environmental supports and adjustments successfully prevent the challenging situation from occurring in the first place (e.g. where predisposing factors and setting events have been addressed). The PBS-P prioritises the use of existing FERBs over teaching new FERBs to ensure that the person has safe ways to get their needs met in the short-term, while the targeted intervention plan supports longer-term skill development.

If the targeted intervention plan includes developing a new FERB to support the person in achieving their PBS goal (e.g. in developing new and transferable communication skills), a specific skill development objective will be incorporated into the PBS plan. Consistent with a developmentally informed and neurodiversity-affirming approach, the focus here should not be on teaching the person behaviours/skills deemed acceptable according to age-appropriate or neurotypical norms (effectively perpetuating ableism), but on supporting the person to identify and enhance the skills that they can use to build on their strengths and encourage reasonable adjustments from others to promote meaningful engagement and participation consistent with their view of a 'good life' (e.g. according to their values and preferences; see Table 6).

PBS goals and objectives

The person-centred PBS goals a person identifies for inclusion in their plan are informed by holistic formulation and prioritises quality of life (QoL) improvements. These goals are informed by holistic formulation and address the underlying reasons for challenging behaviour - and thereby achieve meaningful outcomes for the person (as illustrated by arrows in Figure 2). The PBS-P framework places significant emphasis on the goal-setting processes, which provides the intervention with clear direction and shapes how supporters and systems understand their roles and responsibilities – and therefore, carry great responsibility in promoting a person's rights (see Table 7).

According to the PBS-P framework, the person's 'PBS goal' refers to the longer-term goal guiding the intervention plan. This longer-term goal is then broken down into smaller, achievable 'objectives' (e.g. identifying preferred hobbies) that provide direction for all intervention components. Here, the PBS-P framework emphasises 'QoL Objectives' and 'Skill Development' objectives (where relevant; see Figure 2) rather than traditional 'behavioural objectives' focused on modifying the person's behaviour [71]. This recognises the emphasis on environmental improvements, with PBS not solely focused on teaching a person new skills or adaptive behaviours. For example, supporting a person to establish meaningful routines does not necessarily require them to develop new skills – rather, achieving this goal may involve focusing on providing opportunities for access to and inclusion in the community in meaningful ways.

The PBS-P framework also consists of 'support goals', which are directly informed by the person's PBS Goal (indicated with an arrow in Figure 3) to promote accountability across support systems. While the person's PBS goal belongs in the Targeted Intervention Plan (which outlines supports and strategies), the Support Goal is documented in the accompanying implementation plan (see Figure 3), including 'Implementation Objectives' that outline who is responsible for what actions, and when these actions will be completed.

In developing plan objectives (including QoL, skill development and implementation objectives), we consider S.M.A.R.T.I.E. principles [specific, measurable, achievable, realistic, time-bound, inclusive, and equitable; 72,73]. These include clear statements of who (staff, family, person) will do/be supported to achieve what, in what situations/settings/conditions, and how this will be measured and who is responsible. However, we must approach this process critically through a rights-based, developmentally informed, and neurodiversity-affirming lens that combined counters abelism. For

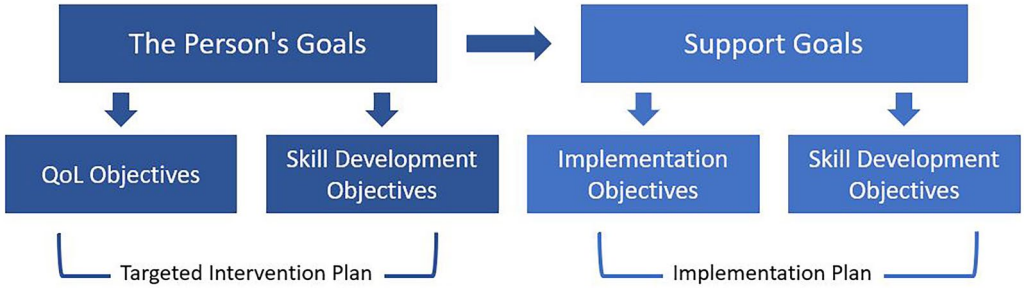

Figure 3. The person's PBS goals and accompanying support goals.

example, time-bound objectives may not be appropriate for a person's skill development, with unrealistic and unachievable expectations resulting in a loss of confidence in the PBS process and perhaps even negatively impacting self-worth and well-being (e.g. see 74]. Time-bound principles, however, may be critical components of implementation objectives that focus on changing the supports around a person, as realistic timeframes around environmental adjustments can be determined and will support accountability. By further example, goals that are socially meaningful to an individual may not align with typical social expectations. Whilst consideration must be given to safety and social responsibilities, non–normative goals that are socially meaningful and values and interest driven may enhance subjective QoL [75]. The recently added elements to the SMART goal framework (e.g. SMARTIE) encourage teams to intentionally address inclusion and equitable approaches in all goal and objective development activities.

Environmental adjustments and supports

The targeted intervention plan includes proactive and preventative strategies that address the underlying reasons for the target behaviour. This translates to a focus on improving the environments and systems around the person (illustrated by the arrow linking the 'PBS goal' and 'environmental adjustments and supports' in Figure 2); see Table 8.

Put simply, PBS plans seek to address predisposing factors and establishing operations (i.e., environmental, social, and personal variables that can increase the likelihood of challenging behaviour) for the target behaviour. It is important to distinguish these preventative practices from simply addressing immediate triggers (discriminative stimuli) in the environment. For example, instead of modifying a prompt to increase compliance or teaching a person to "cope better" in difficult situations, the focus should be, where possible, on preventing those difficult situations altogether. Therefore, the PBS-P framework requires a direct link between establishing operations the person's PBS goals, which is informed by formulation that considers these factors and directs 'function-based' intervention. These include strategies that address the specific variables maintaining the challenging behaviour, such as mismatched routines or loud and busy environments.

Another important consideration here is emotional regulation, which refers to the processes by which people modulate their emotions through physiological, behavioural, and cognitive strategies to adapt effectively to different contexts and stimuli [76,77]. Emotional dysregulation can refer to difficulty modulating emotions, extreme or intense emotional reactions, and a slow return to baseline leading to prolonged periods of emoational distress [78,79]. A rights-based approach views emotional dysregulation through a biopsychosocial lens, acknowledging the interplay of biological, psychological and social factors. The PBS-P framework emphasises improving emotional supports through environmental adjustments. This approach acknowledges that challenging environments can exacerbate difficulties stemming from personal characteristics, rather than placing the responsibility solely on the person to change.

Table 8. Environmental adjustments and guiding principles.

Human rights	Focuses on environmental adjustments that help to actualise rights rather than changing person to meet expectations of others.
Systems change	Addresses causal and maintaining factors across systems and builds capable support systems and prevent the need for the person to use challenging behaviours to access their rights.
Evidence-informed practice	Are directly informed by functional behaviour assessment and formulation and the person's values.

Skill development

Skill development may also play an important role in a person's targeted intervention plan, both for the person and their supporters. Any skill development for the person, or required of supporters as per implementation objectives, must be explicitly aligned with the person's PBS goals (see 'PBS goals' section above). For example, the person might learn to use new electronic reminders or navigate local transport options to access valued activities, while supporters are required to develop skills in supported decision-making or the person's preferred communication methods.

Teaching new skills draws upon and utilises a range (and combination of) evidence-based practices that best fit the person's preferences and learning style and build upon their strengths (see Table 9). This may include strategies such as task analysis techniques, shaping, modelling, and role-play [80], and must take into account the person's support needs and underlying skills. For instance, if a person feels unsafe and/or is experiencing emotional dysregulation, they may be poorly placed to learn new skills at that moment [81].

Valued outcomes

The focus on supporting a person to achieve/access valued outcomes is illustrated by the arrow in the PBS-P framework (Figure 2), which connects the PBS goal to supports and strategies and then to 'valued outcomes'. Essentially, values guide each practice element (as a guiding principle; see Figure 1) to achieve valued outcomes for the person (Table 10).

Adopting the model: workforce implications

The PBS-P framework has been proposed to guide specialist and individualised PBS practices that protect and uphold human rights,

Table 9. Skill development and guiding principles.

Human rights	Empower and support the person to access valued activities and builds on strengths to achieve PBS goals.
Systems change	Skill development is supported across the support team to meet the person's support needs, and environmental adjustments are made to support new skill development for the person.
Evidence-informed practice	Target skills and teaching methods are evidence-based, and align with and build on a person's skills and preferences.

Table 10. Valued outcomes and guiding principles.

Human rights	PBS supports access to naturally reinforcing outcomes that are meaningful to the person and therefore support quality of life.
Systems change	PBS emphasises environmental improvements and adjustments that help actualise a person's rights and support access to a fulfilling life.
Evidence-informed practice	PBS prioritises learning about what is important to the person and measuring these appropriately to ensure supports and strategies provide access to meaningful outcomes.

and which are informed by the behavioural sciences and a contemporary bio-psycho-social understanding of disability. The framework has been developed for disability and community services, with relevance across jurisdictions or contexts seeking to integrate specialist (Tier III) PBS practices into their system.

A strength of this framework is its alignment with current Australian legislation, which requires development of individualised behaviour support plans in disability and aged care sectors [12,14,82]. This alignment with legislation facilitates adoption within existing service systems and presents an opportunity for a more unified national approach to behaviour support. The PBS-P framework also directly responds to recommendations for rights-based practices and clarity regarding practices frameworks, making it relevant for informing positive change across service systems (e.g. disability and aged care sectors), and providing the opportunity to achieve clarity and consistency in PBS practice across Australia. It also fosters a universal understanding of rights-based behaviour support while providing a framework for flexible yet data-driven support across distinct service domains. Furthermore, in explicitly framing the PBS process through a rights-based lens, the PBS-P framework builds upon established theories and evidence-based practices, which provide its components with demonstrated validity.

To successfully embed these PBS practices as intended, PBS service providers will require support with capacity building and workforce development. Such support may include access to training programs/qualifications and practice resources (e.g. process and planning tools and an assessment guide), support through mentorship and supervision, and communities of practice. Capacity building and workforce development should also be accompanied by policies requiring PBS practitioners to be appropriately skilled and trained in the PBS-P framework. Indeed, this speaks to the benefits of a clarified PBS practice framework that can provide the basis for the development of practice standards to be used for auditing and quality appraisal (e.g. assessing adherence to the framework and identifying skill gaps).

Another strength of the PBS-P as a rights-based practice framework is its consideration of cultural validity, which is essential for supporting practices across diverse service and support contexts and in rural/remote areas. While adaptation of PBS practice framework should not be presumed, the framework's flexibility and person-centred approach allows for practices that respect the person's values and unique circumstances. Therefore, while further work is needed in actualising culturally-sensitive PBS practices (e.g. for application in Aboriginal and Torres Strait Islander communities, and in other collectivist cultures), the PBS-P framework lays a foundation for culturally respectful and rights-based behaviour support planning. The authors also posit that the model not only provides a practice framework, but a lens for critical thinking and reflective practices for promoting knowledge exchange and growth with the person and their support team. Adopting such a model would benefit from policies and funding models that require and enable evidence-based practices, while balancing comprehensive assessment and planning with flexibility to best meet a person's unique support needs. For example, justifying data-driven decisions can support flexibility rather than enforcing rigid plans that may not be best fit for the person.

Adopting the PBS-P framework also requires implementers to consider how plans fit within a systems-wide approach [83], with researchers advocating the need for a systemic response to behaviour support to uphold and protect human rights [19,22]. For example, the tiered PBS service model, [PBS-Disability and Community Service, PBS-DCS; 18] explicitly places rights-based practices around equity, access and autonomy as the foundations of behaviour support, prioritising them before specialist (Tier III) intervention. Individualised and comprehensive supports are then reserved for situations requiring specialist knowledge and a clearly articulated practice model like the PBS-P framework.

Conclusion

The PBS-P articulates a rights-based PBS practice framework aligned with contemporary research and literature, and places the person, their values, and preferences at the forefront of planning. Importantly, the framework encourages us to move beyond the regulatory obligations of our role (e.g. compliance requirements/activities) and laboratory-based criteria of excellence to guide person-centred PBS practices that prioritise human rights. This promotes practices that incorporate behaviour analysis and prioritise the evidence we collect about the person to inform socially and culturally valid PBS plans that achieve best outcomes for the person, characterised by improvements in health, wellbeing and quality of life.

The PBS-P framework aims to shape PBS practice and the language used to articulate the process through a rights-based lens. The authors acknowledge that adopting this model may challenge those dedicated to existing practice models or principles, however, we view the PBS-P framework as a natural and necessary evolution of PBS implementation. As a service system, and as individuals working within that system, we must continually grow, refine our thinking and practices, and seek collaborative solutions to address behaviour support needs. To this end, the PBS-P framework encourages shared responsibility across the service system to achieve this.

Acknowledgements

The authors would like to thank Dr Nick Gore, who offered his time and feedback during the development of this paper.

Authors' contributions

AF led initial conceptualisation of the model proposed presented in this paper. AF led manuscript development. KL, MD, JM, and

MC contributed to conceptualisation and revisions of the model. KR, RF, EL, MV, JE, KA, SF, LC, SC, MS, KN, KM and RF reviewed and contributed to model modifications and revisions. Authors have also contributed to and approved the final version of the manuscript.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

No funding was received.

ORCID

Alinka Fisher http://orcid.org/0000-0003-0147-5051

References

[1] Bowring DL, Painter J, Hastings RP. Prevalence of challenging cehaviour in adults with intellectual disabilities, correlates, and association with mental health. Curr Dev Disord Rep. 2019;6(4):173–181. doi:10.1007/s40474-019-00175-9.

[2] Rattaz C, Michelon C, Munir K, et al. Challenging behaviours at early adulthood in autism spectrum disorders: topography, risk factors and evolution. J Intellect Disabil Res. 2018;62(7):637–649. doi:10.1111/jir.12503.

[3] Sabaz M, Simpson G, Walker AJ, et al. Prevalence, comorbidities, and correlates of challenging behavior among community-dwelling adults with severe traumatic brain injury: a multicenter study. J Head Trauma Rehabil. 2014;29(2):E19–30. doi:10.1097/HTR.0b013e31828dc590.

[4] O'Connor CMC, Fisher A, Cheung SC, et al. Supporting behaviour change in younger-onset dementia: mapping the needs of family carers in the community. Aging Ment Health. 2022;26(11):2252–2261. doi:10.1080/13607863.2021.1966744.

[5] Biswas S, Moghaddam N, Tickle A. What are the factors that influence parental stress when caring for a child with an intellectual disability? A critical literature review. Int J Dev Disabil. 2014;61(3):127–146. doi:10.1179/2047387714Y.0000000043.

[6] Merrick AD, Grieve A, Cogan N. Psychological impacts of challenging behaviour and motivational orientation in staff supporting individuals with autistic spectrum conditions. Autism. 2017;21(7):872–880. doi:10.1177/1362361316654857.

[7] Ng J, Rhodes P. Caring in extremis: why do parents of children with intellectual disabilities and severe challenging behaviour relinquish care. Qualit Rep. 2018;23(1):146–157. https://www.proquest.com/scholarly-journals/why-do-families-relinquish-care-children-with/docview/2122316276/se-2?accountid=10910

[8] Webber LS, McVilly KR, Chan J. Restrictive interventions for people with a disability exhibiting challenging behaviours: analysis of a population database. J Appl Res Intell Disabil. 2011;24(6):495–507. doi:10.1111/j.1468-3148.2011.00635.x.

[9] Carr EG, Dunlap G, Horner RH, et al. Positive behavior support: evolution of an applied science. J Posit Behav Interv. 2002;4(1):4–16. doi:10.1177/109830070200400102.

[10] Gore NJ, Sapiets SJ, Denne LD, et al. Positive behavioural support in the UK: a State of the Nation Report. Int J Posit Behav Supp. 2022;12(1):4–39. https://www.ingentaconnect.com

[11] Kincaid D, Dunlap G, Kern L, et al. Positive behavior support: a proposal for updating and refining the definition. J Posit Behav Interv. 2016;18(2):69–73. doi:10.1177/1098300715604826.

[12] NDIS Quality and Safeguards Commission. National disability insurance scheme (restrictive practices and behaviour support) rules 2018; 2018. Commonwealth of Australia. https://www.legislation.gov.au/Details/F2018L00632.

[13] Aged Care Quality and Safety Commission Act 2018. 2023. Available from https://www.legislation.gov.au/Details/C2023C00311.

[14] Quality of Care Principles 2014; 2023. https://www.legislation.gov.au/Details/F2023C00860.

[15] APBS Equity Position Statement. APBS Commitment to Equity; 2022. The Association for Positive Behaviour Support. Available from: https://apbs.org/apbs-commitment-to-equity/.

[16] Horner RH, G D, Koegel RL, et al. Toward a technology of "nonaversive" behavioral support. J Assoc Persons Sev Handic. 1990;15(3):125–132. doi:10.1177/154079699001500301.

[17] LaVigna GW, Donnellan AM. Alternatives to punishment: nonaversive strategies for solving behavior problems. New York, NY: Irvington Press; 1986.

[18] Fisher A, Kelly G. Positive behaviour supports in disability and community services (PBS-DCS): a tiered model for foundational, targeted and specialist supports; 2024. Disabil Rehabil. [E-Pub]. doi: 10.1080/09638288.2024.2398778.

[19] Jorgensen M, Nankervis K, Chan J. 'Environments of concern': reframing challenging behaviour within a human rights approach. Int J Dev Disabil. 2023;69(1):95–100. doi:10.1080/20473869.2022.2118513.

[20] NDIS Quality and Safeguards Commission. Behaviour support plan quality: summary results to December 2021; 2022. https://www.ndiscommission.gov.au/sites/default/files/2022-10/Behaviour%20Support%20Plan%20Quality%20Public%20Paper.pdf.

[21] Wardale S, Davis F, Vassos M, et al. The outcome of a statewide audit of the quality of positive behaviour support plans. J Intell Dev Disabil. 2018;43(2):202–212. doi:10.3109/13668250.2016.1254736.

[22] Fisher A, Louise K, Reschke K, et al. Positive behaviour support under the National Disability Insurance Scheme in Australia: barriers, enablers and support needs from the perspective of practitioners. Aust J Social Issues. 2024;00:1–19. doi:10.1002/ajs4.316.

[23] Hayward B, McKay-Brown L, Poed S. Positive behaviour support in Australian disability policy, and its future with the National Disability Insurance Scheme (NDIS). Res Pract Intell Dev Disabil. 2019;6(1):14–23. doi:10.1080/23297018.2018.1498299.

[24] Disability Royal Commission. Royal commission into violence abuse, neglect and exploitation of people with disability: document library.; 2022. Retrieved April 16 from https://disability.royalcommission.gov.au/document-library.

[25] Royal Commission into Aged Care Quality and Safety. Final report: summary Commonwealth of Australia; 2021. https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf.

[26] Australian Government. Independent review into the National Disability Insurance Scheme, Final Report; 2023. Commonwealth of Australia, Department of the Prime Minister and Cabinet. https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis.

[27] Barker K, Poed S, Whitefield P. School-wide positive behaviour support: the Australian handbook. Oxon Routledge; 2023.

[28] Sugai G, Horner R. The evolution of discipline practices: School-wide positive behavior supports. Child Fam Behav Ther. 2002;24(1-2):23–50. doi:10.1300/J019v24n01_03.

[29] Jolivette K, Scheuermann B, Parks Ennis R. Multi-tiered systems of support within secure residential juvenile facilities. Resid Treat Child Youth. 2015;32(4):254–257. doi:10.1080/0886571X.2015.1113452.
[30] Parks Ennis R, Gonsoulin SG. Multi-tiered systems of support to iumprove outcomes for youth in juvenile justice settings: guiding principles for future research and practice. Resid Treat Child Youth. 2015;32(4):258–265. doi:10.1080/0886571X.2015.1113454.
[31] Hemmeter ML, Fox L, Jack S, et al. A program-wide model of positive behavior support in early childhood settings. J Early Interv. 2007;29(4):337–355. doi:10.1177/105381510702900405.
[32] Leadsom A, Field F, Burstow P, et al. The 1001 critical days: the importance of the conception to age two period: a cross party manifesto. London: Department of Health; 2013.
[33] Freeman R, Simacek J, Jeffrey-Pearsall J, et al. Development of the tiered onsite evaluation tool (TOET) for organization-wide person-centered positive behavior support. J Posit Behav Interv. 2023;26(3):131–141. doi:10.1177/10983007231200540.
[34] Rodgers T, LePage J, Freeman R. Improving quality of life outcomes using a statewide tiered implementation approach. Impact. 2016;29(2):30–33.
[35] Van Ness J, Nye-Lengerman K, Freeman F, et al. One person at a time: using person-centered and positive support practices. In: Nye-Lengerman H, editor. A community life: community living and participation for individuals with intellectual and developmental disabilities. Washington, DC: Association of Intellectual and Developmental Disabilities; 2018. p. 27–52.
[36] LaVigna GW, Hughes EC, Potter G, et al. Needed independent and dependent variables in multi-element behavior support plans addressing severe behavior problems. Perspect Behav Sci. 2022;45(2):421–444. doi:10.1007/s40614-022-00331-4.
[37] Hunter RH, Wilkniss S, Gardner WI, et al. The Multimodal Functional Model–Advancing case formulation beyond the" diagnose and treat" paradigm: improving outcomes and reducing aggression and the use of control procedures in psychiatric care. Psychol Serv. 2008;5(1):11–25. doi:10.1037/1541-1559.5.1.11.
[38] Dunlap G, Iovannone R, Wilson K, et al. Prevent–teach–reinforce: a school-based model of positive behavior. Baltimore, MD: Brookes; 2010.
[39] Crone DA, Horner RH. Building positive behaviour support systems in schools: functional behaviour assessment. New York: Guilford Press; 2003.
[40] Gore NJ, McGill P, Toogood S, et al. Definition and scope for positive behavioural support. Int J Posit Behav Supp. 2013;3(2):14–23.
[41] Kincaid D. Staying true to our PBS roots in a changing world. J Posit Behav Interv. 2018;20(1):15–18. doi:10.1177/1098300717735057.
[42] World Health Organisation (WHO). International classification of functioning, disability, and health [ICF]. Geneva World Health Organization; 2001.
[43] Chan J, French P, Webber L. Positive behavioural support and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Int J Posit Behav Supp. 2011;1(1):7–13. https://www.ingentaconnect.com
[44] Leif ES, Subban P, Sharma U, et al. "I look at their rights first": strategies used by Australian behaviour support practitioners' to protect and uphold the rights of people with disabilities. Adv Neurodev Disord. 2023;8(1):17–34. doi:10.1007/s41252-023-00355-0.
[45] Freeman R, Jeffrey-Pearsall J, Simacek J, et al. Integration of evidence-based practices into organizations supporting people with disabilities across the lifespan. Minneapolis, MN: University of Minnesota; 2024. Manuscript submitted for publication.
[46] Freeman R, Simacek J, Jeffrey-Pearsall J, et al. Statewide capacity building to coordinate positive behavior support for families and communities. Minneapolis, MN: University of Minnesota; 2024. Manuscript submitted for publication.
[47] Dallman AR, Williams KL, Villa L. Neurodiversity-affirming practices are a moral imperative for occuptaional therapy. Open J Occup Ther. 2022;10(2):1–9. doi:10.15453/2168-6408.1937.
[48] Dwyer P. The neurodiversity approach(es): what are they and what do they mean for researchers? Hum Dev. 2022;66(2):73–92. doi:10.1159/000523723.
[49] Camarata SM. Tensions between autistic sociality, communication, and social skills research: utilizing the communication bill of rights to support autistic people J Speech Lang Hear Res. 2022;65(11):4351–4353. doi:10.1044/2022_JSLHR-22-00525.
[50] McIntosh K. Schoolwide positive behavioural interventions and supports and human rights: transforming our educational systems into levers for social justice Int J Dev Disabil. 2023;69:5–12. doi:10.1080/20473869.2022.2116223.
[51] Vaughn BJ, Fox LK. Cultural and contextual fit: juan's family as active team members. In: Brown F, Anderson JL, De Pry RL, editors. Individual positive behaviour supports: a standards-based guide to practices in school and community settings. Newburyport: Brookes Publishing; 2015. p. 433–446.
[52] Knoster T. Commentary: evolution of positive behavior support and future directions. J Posit Behav Interv. 2018;20(1):23–26. doi:10.1177/10983007177350.
[53] Australian Human Rights Commission. About disability rights; 2023. https://humanrights.gov.au/our-work/disability-rights/about-disability-rights.
[54] Freeman RL, Baker D, Horner RH, et al. Using functional assessment and systems-level assessment to build effective behavioral support plans. In: Hanson RH, Wieisler N, Lakin KC, editors. Crisis: prevention and response in the community. Washington (D.C.): American Association on Mental Retardation; 2002. p. 199–224. [Monograph].
[55] Lucyshyn JM, Dunlap G, Freeman EA. A historical perspective on the evolution of positive behavior support as a science-based discipline. In: Brown F, Anderson JL, De Pry RL, editors. Individual positive behaviour supports: a standards-based guide to practices in school and community settings. Newburyport: Brookes Publishing; 2015. p. 3–25.
[56] McDonnell J, O'Neill RE, O'Keeffe BV. Single-case designs and data-based decision making. In: Brown F, Anderson JL, De Pry RL. Individual positive behaviour supports: a standards-based guide to practices in school and community settings. Newburyport: Brookes Publishing; 2015. p. 278–305.
[57] Watson J, Voss H, Bloomer MJ. Placing the preference of people with profound intellectual and multiple disabilities at the center of end-of-life decision making through storytelling. Res Pract Persons Sev Disabil. 2019;44(4):267–279. doi:10.1177/1540796919879701.
[58] Wiesel I, Smith E, Bigby C, et al. The temporalities or supported decision-making by people with cognitive disability. Soc Cult Geogr. 2020;23(7):934–952. doi:10.1080/14649365.2020.1829689.
[59] Browning M, Bigby C, Douglas J. Supported decision making: understanding how its conceptual link to legal capacity is influencing the development of practice. Res Pract Intell Dev Disabil. 2014;1(1):34–45. doi:10.1080/23297018.2014.902726.
[60] Breeze J. Including people with intellectual disabilties in the development of their own positive behaviour support plan. TLDR. 2021;26(4):199–205. doi:10.1108/TLDR-11-2020-0035.

[61] Hemming HE. Encouraging critical thinking: "But…what does that mean? McGill J Educ. 2000;35(2):173–186. www.proquest.com
[62] Hewson D, Carroll M. Reflective practice in supervision. Hazelbrook, New South Wales, Australia: MoshPit Publishing; 2016.
[63] Fisher A, Connolly T, O'Connor C, et al. Positive behaviour support for people with dementia. Int J Geriatr Psychiatry. 2022;37(12):1–7. doi:10.1002/gps.5844.
[64] Fisher AC, Jarvis C, Bellon M, et al. The accessibility and usefulness of positive behaviour support plans: the perspectives of everyday support people in South Australia. Int J Posit Behav Supp. 2022;12(1):36–45. https://www.ingentaconnect.com
[65] Fisher A, Reschke K, Shah N, et al. It's opened my eyes to a whole new world": positive behaviour support training for staff and family members supporting residents with dementia in aged care. Am J Alzhiem Dis Other Dement. 2024;39(00):1–14. doi:10.1177/15333175241241168.
[66] Brady L, Padden C, McGill P. Improving procedural fidelity of behavioural interventions for people with intellectual and developmental disabilities: a systematic review. J Appl Res Intellect Disabil. 2019;32(4):762–778. doi:10.1111/jar.12585.
[67] Cooper JO, Heron TE, Heward WL. Applied behaviour analysis. 3rd ed.. Harlow, UK: Pearson Education Inc; 2020.
[68] Gresham FM, Watson TS, Skinner CH. Functional behavioral assessment: principles, procedures, and future directions. Sch Psychol Rev. 2019;30(2):156–172. doi:10.1080/02796015.2001.12086106.
[69] Bolton JW. Case formulation After Engel - The 4P Model: a philosophical case conference. PPP. 2014;21(3):179–189. doi:10.1353/ppp.2014.0027.
[70] Spicer M, Crates N. Non-aversive strategies for reducing the episodic severity of aggression. Int J Posit Behav Supp. 2016;6(1):35–51. https://www.ingentaconnect.com/content/bild/ijpbs/2016/00000006/00000001/art00005
[71] Tincani M, Lorah ER. Defining, measuring, and graphing behavior. In: Brown F, Anderson JL, De Pry RL, editors. Individual positive behaviour supports: a standards-based guide to practices in school and community settings. Newburyport: Brookes Publishing; 2015. p. 253–277.
[72] The Management Center. SMARTIE Goals. Available from ; 2024. https://www.managementcenter.org/resources/smartie-goals-worksheet/.
[73] Wade DT. Goal setting in rehabilitation: an overview of what, why and how. Clin Rehabil. 2009;23(4):291–295. doi:10.1177/0269215509103551.
[74] Wrosch C, Scheier MF. Chapter six - Adaptive self-regulaition, subjective well-being, and phsycial health: the importance of goal adjustemnt capacities. Adv Motiv Sci. 2020;7(1):199–238. doi:10.1016/bs.adms.2019.07.001.
[75] Evers K, Maljaars J, Schepens H, et al. Conceptualization of quality of life in autistic individuals. Dev Med Child Neurol. 2022;64(8):950–956. doi:10.1111/dmcn.15205.
[76] Bridges LJ, Denham SA, Ganiban JM. Definitional issues in emotion regulation research. Child Dev. 2004;75(2):340–345. doi:10.1111/j.1467-8624.2004.00675.x.
[77] Gross JJ. The emerging field of emotion regulation: an integrative review. Rev Gen Psychol. 1998;2(3):271–299. doi:10.1037/1089-2680.2.3.271.
[78] American Psychological Association. Emotional dysregulation; n.d. In *APA Dictionary of Psychology*. Available from https://dictionary.apa.org/emotional-dysregulation.
[79] Linehan MM. Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford Press; 1993.
[80] Alberto P, Troutman AC. Applied behavior analysis for teachers.Upper. Saddle River, NJ: Pearson; 2013.
[81] Janney R, Snell ME. Teachers' guides to inclusive practices: behavioral support. Baltimore: Paul H. Brookes; 2010.
[82] Aged Care Act 1997. 2023. Available from https://www.legislation.gov.au/Details/C2023C00395.
[83] Bronfenbrenner U. The ecology of human development experiments by nature and design. Cambridge: Harvard University Press; 1979.